| AMENDMENT TRANSMITTAL LETTER | | | | | | Docket No. DAD-0013 | |
|---|--|--------------------------------------|--|---------------------------------|-------------------------|-------------------------------|--|
| Application No. 10/541,828-Conf. #4266 | | | | Examiner | Art Unit | | |
| 10/541,828-Co | ont. #4266 | July 12, | 2005 | | Y. Valenrod | 1621 | |
| plicant(s): Gan | ga R. Gokarajı | u et al. | | | | | |
| | OUBLE SALTS | | ROXYCITRIC | ACID A | AND A PROCES | SS FOR | |
| | TC | THE COMMI | SSIONER FO | OR PAT | ENTS | - | |
| ransmitted here | | | | | lication. | | |
| he fee has been | calculated and | | | | = | | |
| | Claims | CLAIM Highest | S AS AMENI | DED | | | |
| | Remaining After Amendment | Number Previously Paid | Number Extra Claims Present | | Rate | | |
| Total Claims | 20 | - 24 = | 0 | х | 26.00 | 0.00 | |
| Independent Claims | 2 | - 2 = | 0 | х | 110.00 | 0.00 | |
| Multiple Depend | ent Claims (che | eck if applicabl | e) | | | | |
| X Please charged A check in the Payment by X The Director as described | ne amount of \$ credit card. For is hereby auth below. A dup | ount No1 orm PTO-2038 orized to char | to cover is attached. | n the an the filin Deposi | | 26.00 d. 18-0013 | |
| L | ny overpaymen | | | | | | |
| x Charge a | ny additional fili | ng or applicatio | n processing f | fees req | uired under 37 C | FR 1.16 and 1.17. | |
| | | | | I | Dated: A | oril 20, 2009 | |
| Linda D. Kenne Attorney/Agent | • | 183 | | | | | |
| RADER, FISHM 39533 Woodwa Suite 140 Bloomfield Hills (248) 594-0619 | IAN & GRAUE rd Avenue | R PLLC | | | | | |
| | | | | | | | |
| nereby certify that this p | | | ndment Transmitta s being attached on | | is being transmitted vi | a the Office electronic filir | |